

2522

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		STATE FILE NO. 1271	
1. PLACE OF DEATH		COUNTY <u>Maricopa</u> STATE <u>ARIZONA</u>	
TOWNSHIP		OR VILLAGE	
CITY <u>Phoenix</u>		NO. <u>1628 West Adams</u>	
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)		ST. <u>WARD</u>	
2. FULL NAME <u>MARY L. EDDY</u>		HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. <u>23</u> MOS. <u>0</u> DS. <u>0</u>	
(A) RESIDENCE NO. <u>1628 West Adams</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. <u>23</u> MOS. <u>0</u> DS. <u>0</u>	
(USUAL PLACE OF ABODE)		ST. <u>WARD</u>	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. L. Eddy</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 29, 1856</u>			
7. AGE	YEARS <u>80</u>	MONTHS <u>9</u>	DAYS <u>14</u>
	IF LESS THAN 1 DAY, HRS. <u>0</u> OR MIN. <u>0</u>		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Bay City, Michigan</u>		13. NAME <u>William Skelton</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>		15. MAIDEN NAME <u>Maria Houghten</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>New York</u>		17. INFORMANT (ADDRESS) <u>D. L. Eddy (Husband)</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u>		19. EMBALMER (ADDRESS) <u>1628 W. Adams, Phoenix, Arizona</u>	
20. FILED <u>1-16-1937</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 12, 1937</u>	
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Jan 6</u> TO <u>Jan 12</u> , 1937		I LAST SAW <u>HE</u> ALIVE ON <u>Jan 12</u> , 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>11:30 P. M.</u>	
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:			
<u>Suppurative pneumonia</u>			
<u>Chor. Myocarditis</u>			
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:			
<u>Chor. Myocarditis</u>			
NAME OF OPERATION <u>no</u> DATE OF <u>no</u>			
WHAT TEST CONFIRMED DIAGNOSIS? <u>Chor. Myocarditis</u> WAS THERE AN AUTOPSY? <u>no</u>			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>no</u> DATE OF INJURY <u>no</u>			
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>no</u>			
MANNER OF INJURY <u>no</u>			
NATURE OF INJURY <u>no</u>			
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>			
IF SO, SPECIFY (SIGNED) <u>A. L. Moore</u> M. D. (ADDRESS) <u>Phoenix, Arizona</u>			

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION